

**The Oklahoma
Department of Human Services
Child Welfare Services**

Safety through Supervision Framework



March 2020

Table of Contents

Introduction to the <i>Safety through Supervision</i> Framework	4
The Key Role of Supervisors	6
Supervision Strategies	7
Intentional Case Staffing.....	7
Child Welfare (CW) Specialist Monthly Conference.....	7
Field Observation	7
Supervising Safety through Intentional Case Staffing	8
Definition.....	8
Purpose	8
Desired Outcomes.....	8
Frequency	9
Preparation.....	9
Conducting a Case Staffing.....	9
Using Case Staffing with other Supervision Strategies	9
Supervising Safety through Field Observation	11
Definition.....	11
Purpose	11
Desired Outcomes.....	11
Frequency	11
Preparation.....	11
Conducting a Field Observation	12
Debriefing a Field Observation.....	12
Using Field Observation with other Supervision Strategies	12
Supervising Safety through CW Specialist Monthly Conferences	13
Definition.....	13
Purpose	13
Desired Outcomes.....	13
Frequency	14
Preparation.....	14
Conducting a CW Specialist Monthly Conference.....	14
Using CW Specialist Conferences with other Supervision Strategies	14
Appendices	
Appendix A: Intake (Hotline) Referral Staffing Guide	16
Appendix B: Intake (Hotline) Field Observation Guide	18
Appendix C: Child Safety Meeting (CSM) Field Observation Guide	20

Appendix D: CPS Intentional Case Staffing Guide	22
Appendix E: CPS Field Observation Guide.....	25
Appendix F: FCS Intentional Case Staffing Guide.....	28
Appendix G: FCS Field Observation Guide.....	31
Appendix H: Foster Care and Adoptions Intentional Case Staffing Guide.....	34
Appendix I: Foster Care and Adoptions Field Observation Guide	37
Appendix J: Permanency Planning Intentional Case Staffing Guide.....	40
Appendix K: Permanency Planning Field Observation Guide.....	44
Appendix L: Child Welfare Specialist Monthly Conference Guide.....	47

Introduction to the *Safety through Supervision* Framework

Welcome to Oklahoma's *Safety through Supervision* framework for child welfare services. Throughout this guide, you will find a detailed and supportive approach to supervising the safety practices of child welfare (CW) specialists throughout the life of a case. The goal of the *Safety through Supervision* framework is to increase the accessibility, practicality, and relevancy of daily supervision to ensure safety and enhance permanency and well-being outcomes for the children and families we serve.

For children and families to reach any positive outcome, **safety** must be the priority. This is true at the front end of the CW system, during child protective (CPS) work, and throughout a child's journey through the system. Safety is necessary for children to remain in their homes. Safety is equally important for children in care to return home in a timely manner and for children who are in adoptive or guardianship homes.

CW specialists and supervisors, regardless of their program assignment, are responsible for making sound safety decisions throughout the life of a case. Using all available information, the specialists and the supervisors are expected to use critical thinking skills to determine if the conditions that exist in the home, combined with the current functioning of the family, rise to the level of a safety threat. When the safety threat is minimized and/or controlled, supervisors are responsible for ensuring safe reunification, or other permanency options, occur.

The framework's intent is to support you as you help your staff improve as professionals. This document supports the integration of family-centered practice in all aspects of assessment, case planning, and service delivery. Child Welfare Services (CWS) suggests that you use this document during the teachable moments of case staffing, monthly CW specialist conferences, and field observation.

CWS knows that you are busy and that it is tempting to let individual supervisory time with your staff take a back seat to daily crisis management. CWS strongly encourages all supervisors to institute:

- Controlled, non-random supervision;
- Use of a standardized process and criteria during case staffing, monthly specialist conferences, and field observation;
- Focus attention on the specialist's decision-making process—in other words, what guided his or her thinking?
- Seek to reduce the influence of irrelevant information or bias by enhancing critical thinking skills and using the assessment of child safety process.

This *Safety through Supervision* framework was developed for supervisors, in collaboration with supervisors and district directors. The framework development team solicited and included input

from field staff in a variety of ways, including: phone interviews, planning meetings, pilot testing, and ongoing feedback. The team also consulted with other state CW agencies that use a similar safety model about their supervisory strategies and best practices. The framework reflects the knowledge, skills, and practice wisdom from the field, as well as best practices from across the country. It is intended to be a working guide - to help you learn and grow in your role as a supervisor, a role that is fundamental and critical in the CW field. The guides attached to this framework provide specific times and questions to help guide you in improving the practice of your staff and in improving outcomes for the children and families CWS serves.

Keep this framework nearby when interacting with a specialist. Ask the specialist questions that are posed throughout the document. Reflect on some of the practice issues identified. Create experiences and opportunities for the specialist and the entire unit to think about the art of social work practice—and why they entered the field in the first place.

The Key Role of Supervisors

This *Safety through Supervision* framework emphasizes the vital importance of safety. It is Oklahoma's commitment to safety that unifies all of CWS' programs - CPS, Family-Centered Services (FCS), Permanency, Foster Care, Adoptions, Successful Adulthood Transition Services, and levels of supervisory practice - field or state office supervisor. The framework also provides guides that assist supervisors in operationalizing Oklahoma's Practice Standards and Practice Model.

To grow up and successfully reach adulthood, children need to form positive relationships with family and friends, teachers, coaches, and other caring adults throughout their childhood. Safety is a foundational need for this learning and growth to occur for all children, regardless of culture, ethnicity, race, economic status, social background, or family structure. All children deserve safety as a non-negotiable requirement for achieving positive adulthood outcomes. However, for some children and families, this does not happen independently. When conditions that threaten safety cross the safety threshold, the Oklahoma CW system is tasked with the responsibility of intervening to mitigate and ensure safety.

The goal of Oklahoma's CW system is to work with families to strengthen their caregiving capacities so that children are safe. This includes safety from immediate or present danger and the assurance, to the greatest degree possible, that children will be kept free from severe harm. To be genuinely successful, safety goes beyond the concerted effort to stop bad things from happening. True and lasting safety for children and families is created over time by strengthening available protective capacities including family supports and friends, community supports, and preventative and support services.

Assessing and supporting safety in a way that leads to positive safety and permanency outcomes is an ongoing process, starting with the initial call to the centralized Hotline, to the successful transition to permanency, and closure of the CW case. Supervisors play a critical role in this ongoing work. Oklahoma's Department of Human Services is committed to supporting its supervisors as a critical strategy for improving the child safety. This guide represents a commitment from state office leaders and program managers to align their efforts in collaboration with regional and district leaders to support supervisors in their critical role. CWS expects that our collective efforts will result in better safety practices, safety decisions, and safety outcomes.

Supervision Strategies

Three key strategies impact supervising safety across the life of a case. These strategies incorporate and build on the administrative, educational, and support roles that supervisors learn about in the Supervisors Academy. The strategies provide a variety of ways to enhance the knowledge and skill that a specialist needs in order to assess and manage safety. They move from: focusing on a single case - Case Staffing; to focusing on the practice and professional development of a specialist - CWS Monthly Conference and Field Observation. These strategies are most effective when used in combination.

Intentional Case Staffing

A case staffing is intentional one-on-one conversations between a supervisor and a specialist that focus on a specific case and family and a specific decision that must be made related to safety assessment, management of safety threats, and planning for permanency. Intentional case staffing can occur at any time in a case.

Child Welfare Specialist Monthly Conference

Monthly conferences are guided discussions about a specialist's practice across his or her entire caseload. A supervisor might discuss the particulars about some of the cases to ensure that each case is progressing. However, the intent is to support and guide the specialist in reflective discussion about the nature of his or her practice, strengths and challenges, and specific steps towards continued professional development.

Field Observation

Field observation is a direct observation of practice skills by the supervisor of the specialist outside of the office. A supervisor observes first-hand the specialist's interactions with families rather than relying solely on the specialist's reports in case staffing and CW specialist monthly conferences. Field observations are conducted using a formal tool that guides the supervisor's attention to the specialist's engagement, assessment, critical thinking, and decision-making skills.

Supervising Safety through Intentional Case Staffing

Definition

A case staffing is an intentional guided discussion between a supervisor and a specialist about a specific case and family, focused on specific decisions that the specialist must make related to safety assessment and safety threat management. It is a planned discussion that occurs prior to and/or after a meeting with a family. A case staffing can be used to help prepare the specialist for a meeting with a family by identifying how to engage the family and what information must be gathered so that an informed decision about safety can be made. It can also be used after a meeting with a family to review what the specialist learned about the family and the safety threats and coach the specialist through the safety decision.

NOTE: Given the urgent nature of CW, a specialist might call their supervisor from a family's house, or another offsite location, for immediate guidance. As helpful as these conversations can be, they are not considered an intentional case staffing. They are a bridge between the planned, thoughtful conversations that occur during case staffing and CW specialist monthly conferences.

Purpose

The purpose of intentional case staffing is:

- For a supervisor to obtain a clear understanding of the status of a case.
- For a supervisor to understand the rationale for a decision specific to the case.
- To discuss and come to an agreement between supervisor and specialist about next steps regarding case decisions.
- For a supervisor to provide course correction, when needed.
- For the specialist to critically think through, articulate, and document child safety.

Desired Outcomes

Consistent and meaningful case staffing help lead to:

- A supervisor's confidence in a specialist's decisions;
- A better prepared and more confident specialist;
- Improved communication between a supervisor and the specialist;
- Improved assessment and articulation of current child safety;
- Increased use of safety determination in case planning; and
- A specialist's increased ability to develop case plans based on safety assessment.

Frequency

A case staffing is a planned, intentional meeting between the supervisor and specialist that occurs at specific points during the life of a case. Over time, the frequency and duration of a staffing depends on the specialist's growing knowledge and skill level. The frequency required in each program differs depending on the need of that program. See Appendix at the bottom of the document.

Preparation

A specialist helps ensure that a case staffing is productive by completing case documentation in a timely manner. The supervisor reviews relevant case information prior to the staffing so that report documentation, such as the assessment of child safety (AOCS), Report to DA, Ongoing AOCS, and required monthly contacts present a good "picture" of the family, what brought them to the attention of Child Welfare Services, and what they need to keep their children safe.

Conducting a Case Staffing

It is important that supervisors create a safe environment where a specialist can express emotions and even disagree, respectfully. The case staffing guides at the end of this document have examples of questions to help supervisors gather more information about both the case and the specialist's knowledge and skill level. The reflective questions can also help the supervisor ensure the specialist has a good understanding of the family's progress, what more the family needs to move the case along, and how the specialist can assist with that.

Documenting Case staffing

The Intentional Case Staffing guide is used to support quality case discussion and is not meant to be used as a checklist; it can be used for documentation if desired. If action steps are identified for the case, the Supervisor will enter a case contact that clearly documents the action steps required and due dates. The Supervisor will document any coaching notes related to the specialist performance in the specialists personnel file for future topics in monthly conferences.

Using Case Staffing with other Supervision Strategies

- **CW specialist Monthly Conference:** CW specialist monthly conferences allow for discussions that are less time-sensitive and pressured than those that occur in case staffing. Supervisors can use conferences to engage the specialist in more reflective conversations about trends or concerns that emerge from case staffing.
- **Field Observation:** When staffing a case, a supervisor might detect that a specialist is struggling to engage the family, to gather sufficient information, or to make sense of the information. The supervisor might choose to observe the specialist during the next

interaction with this family or, if a pattern emerges, with other families that reflect a similar dynamic.

Supervising Safety through Field Observation

Definition

A field observation is a direct observation by the supervisor of the specialist outside of the office in order to directly assess the specialist's practice skills, such as engagement/assessment, critical thinking, decision making, or case planning. Direct observation ensures that a supervisor is not relying solely on the specialist's self-reports or case documentation to understand a specialist's safety decisions and practice skills.

Field observations can occur in a variety of venues outside the office. Priority is given to the observation of family interactions. Field observations might also be conducted of meetings with other professionals and/ or community partners, as well as court proceedings.

NOTE: A lead specialist may engage in a similar activity, but this is NOT a substitute for a field observation by the supervisor.

Purpose

Field observation allows a supervisor to assess:

- A specialist's ability to obtain information for determining safety concerns.
- A specialist's strategies and skills in engaging families.
- The degree to which the specialist practice is consistent with case documentation.
- A specialist's relationship-building and communication skills in professional settings, such as court hearings, meetings with service providers/collaterals, and team meetings.

Desired Outcomes

Consistent and meaningful field observations lead to:

- Improved engagement skills.
- Improved communication skills.
- Increased translation of training and theory into practice.

Frequency

Supervisors must follow instructions as part of the certification process for new specialists during their first year. Once a specialist is certified, he or she must be observed a minimum of two times each quarter, once in a family's home and once in a professional setting. Increased frequency of field observation depends on the specialist's knowledge and skill level.

Preparation

- Supervisor reviews case information, for example, the case plan.
- Supervisor meets with the specialist prior to conducting a field observation to review the process and identify any issues that require particular attention by the supervisor. This can occur as part of a case staffing.

Conducting a Field Observation

When conducting a field observation, a supervisor:

- Uses clinical judgment as to when to observe and when it is necessary to take an active role to ensure effective safety practice occurs.
- Models, when applicable, interpersonal, critical thinking and safety decision-making skills.
- Decides the frequency and focus of field observations.
- Uses the field observation tool to guide observation.

Debriefing a Field Observation

The supervisor talks with the specialist following each field observation to:

- Allow the specialist to critique themselves.
- Provide feedback on his or her performance.
- Continue to be available for future observations as the specialist requests to help build confidence.
- If necessary, establish a mentoring plan with a lead specialist.

Using Field Observation with other Supervision Strategies

- **Case Staffing:** A field observation might result in the need for a case staffing to more fully examine and respond to the safety threats. A case staffing might also result in the need to conduct a field observation in order for the supervisor to better understand how the specialist is engaging the family and assessing and managing safety.
- **CW Specialist Monthly Conference:** The insights gained through field observations are discussed as part of the specialist's practice during the CW specialist monthly conferences. During the conference, the supervisor and specialist identify a specific case for which a field observation is helpful in continuing to develop the specialist's practice.

Documenting Field Observation

The field observation guide is used to guide the observation process and to document employee performance. A field observation should be documented each time it occurs and filed in the specialists personnel file.

Supervising Safety through CW Specialist Monthly Conferences

Definition

A CWS monthly conference is a guided discussion of the quality and consistency of the specialist's overall practice. It allows the supervisor and specialist to talk one-on-one about performance, strengths, barriers/challenges, and themes across cases. As the specialist's practices are examined, the supervisor also discusses training needs, supervisory and/or peer supports needed, and self-care. CW specialist monthly conferences are intentional, conducted consistently, and use a structured format with the supervisor asking questions more than giving directions.

Purpose

A CW specialist monthly conference allows supervisors to:

- Reflect with the specialist about his or her decision making process.
- Explore biases, if present.
- Address specific situations revealed during case staffing, identify what went well, and give guidance on how to improve future work.
- Assess the specialist's performance strengths, needs, and well-being, such as self-care and secondary trauma; satisfaction with job responsibilities; and, how well his or her actual responsibilities match expectations.
- Address administrative responsibilities, such as timeliness.

Desired Outcomes

Consistent and meaningful CW specialist monthly conferences lead to:

- A supervisor with increased knowledge of a specialist's performance and decision-making.
- A supervisor with increased confidence in a specialist's performance and decision-making.
- A specialist feeling more confident and supported in his or her work.
- An increase in a specialist's ability to apply practice skills.
- Reduced need for crisis staffing.
- Improved and consistent practice across cases.

Frequency

A supervisor holds a CW specialist conference with each of his or her specialists a minimum of once per month. However, more frequent conferences can be scheduled based on the specialist's knowledge and skill level, a challenging workload, and/or concerns identified in case staffing, field observations, or in data reports.

Preparation

The specialist helps ensure that conferences are productive by completing case documentation in a timely manner. A supervisor ensures conferences are productive by reviewing relevant information prior to the consultation so that:

- Conference time is not spent on a specialist reciting information;
- Questions for the specialist can be prepared;
- A supervisor ascertains a specialist's input;

Conducting a CW Specialist Monthly Conference

It is important that a supervisor:

- Create a safe environment where the specialist can express emotions and respectfully disagree. A safe emotional environment allows the specialist to have tough conversations with the supervisor. In turn, this helps the specialist be better prepared to have conversations with the assistant district attorney (ADA), judge, or community provider.
- Create a learning environment and spend more time asking questions than giving direction in order to develop a specialist's critical thinking skills.
- Schedule the conferences so there is plenty of time; don't rush.
- Collaboratively develop a behavior-based CW specialist-specific performance-development plan.

Documenting CW Specialist Monthly Conference

The CW Specialist Monthly Conference guide is used to support the monthly conference completed between a Supervisor and Specialist. The monthly conference should be documented and filed in the specialists personnel file.

Using CW Specialist Monthly Conferences with other Supervision Strategies

- **Case Staffing:** Issues and concerns that emerge in case staffing should be discussed in CW specialist conferences so the supervisor and specialist draw insights from specific cases to inform practice in general. CW specialist conference discussions might also reveal a specific case or type of case that the specialist finds challenging and would benefit from a case staffing. A case staffing might occur during a conference; however, conferences should be more than just a series of case staffings.
- **Field Observation:** A field observation might lead to a CW specialist conference or a CW specialist conference might lead to a field observation on a case. This may be particularly useful if the supervisor notes some discrepancies between what the specialist documents or reports and how the case is progressing. Alternatively, if a situation arises for a particular case that the specialist is struggling with, he or she may benefit from a

supervisor conducting a field observation so that specific guidance can be provided to the specialist.

Referral Name: _____

Referral # _____

Supervisor: _____

Specialist: _____

Date: _____

A referral staffing is completed prior to disposition. The referral staffing's purpose is to assist the specialist in analyzing the information collected to determine an appropriate disposition decision. This guide's prompter questions help the specialist identify quality practice while providing feedback to improve engagement and decision making. Practice Note: The referral staffing guide should be completed at a minimum of three times per specialist per month.

1. Did the specialist gather all pertinent information related to the allegations (timeline of event, description of injury, access to perpetrator, impact to child, behaviors of PRFC indicative of abuse/neglect)? Explain.

2. Did the specialist gather locating information for the child and family?

- If no, what tools were provided to potentially locate the family?

3. Did the specialist obtain collaterals with pertinent knowledge of the allegations?

- If yes, do those collaterals need to be contacted in order for a disposition decision to be made?

- If no, what was reasoning/resolution to obtaining no collaterals?

4. Did the specialist gather child(ren) and PRFC functioning information?

- If yes, describe the child(ren) and PRFC functioning:

- If no, what guidance was provided to obtain the information?

5. Was the correct disposition decision made?

- If yes, is the specialist able to articulate why they made that decision?

- If no, what guidance was provided to ensure appropriate decision making in the future (policy, statute, importance of history etc.)?

Referral Name: _____

Referral # _____

Supervisor: _____

Specialist: _____

Date: _____

Call ID: _____

Practice Notes: Call observation is a direct observation by the child welfare (CW) specialist's supervisor to assess the CW specialist's practice skills. Observation ensures that supervisors are not relying solely on the CW Specialist's self-reports or referral documentation to understand a CW specialist's ability to engage a reporter, make safety decisions, and practice skills.

*The observation guide should be completed at a minimum of two times per specialist per month (two recorded).

Recorded: _____

1. Was the county of referral and family address sought and entered correctly? ☐Yes ☐No
2. Did the specialist request reporter information to include phone number and address? ☐Yes ☐No
If anonymous was the box marked appropriately? ☐Yes ☐No
3. Did the specialist ask for all persons in the home and all PRFC's whether in the home or not?
☐Yes ☐No
4. Did the specialist document all pertinent fields related to allegations, locating information, ICWA, and functioning? ☐Yes ☐No
5. Did the specialist ask follow-up questions pertinent to the allegations and functioning? ☐Yes ☐No
6. Was the specialist able to engage the reporter? ☐Yes ☐No
7. Did the specialist demonstrate professional behavior? ☐Yes ☐No
8. Was the referral number provided to the caller? ☐Yes ☐No

Did the specialist obtain enough information to make a disposition decision? Please explain.

Practice strengths identified and discussed:

Practice areas for improvement identified and discussed:

Follow up items and due date if applicable:

Specialist/Date

Supervisor/Date

Case Name: _____

Referral _____

Specialist _____

Meeting date and time: _____

This guide supports the specialist identify quality meetings while providing feedback to improve engagement, decision making and safety outcomes. The observation guide is a direct observation by the child welfare (CW) specialist's supervisor in the meeting to assess the CW specialist's facilitation skills. Practice Note: The CSM Intentional Observation Guide should be completed at minimum of one time per specialist every 60 days.

1. Reviewed Safety Concerns

- ✓ At the start of the meeting, the facilitator reviewed the safety concerns that prompted the meeting and summarizes the different recommendations/decisions that will be determined by the end of the meeting.
- ✓ Was the initial safety intervention prior to the CSM sufficient and timely?
- ✓ Was the child's living situation prior to the CSM appropriate?

2. Explained the Goals of the Child Safety Meeting

- ✓ The facilitator defined the goals of the meeting arriving at a decision emphasizing everyone's input. Discuss the risk and safety concerns as a group and to reach a decision about where the child can be safe, ensuring all safety concerns are addressed.

3. Reviewed Agency Intention With Family Engagement

- ✓ The facilitator explained, stated and reviewed the agency's intention of working closely with the family.
- ✓ The facilitator explained and made it clear that the agency is seeking to partner with the parent/family for the benefit of the safety and well-being. Acknowledge the parents know their children the best and have the most expertise to help arrive with a safe placement decision.
- ✓ Facilitator explained the department is legally responsible for the decision if the team is not able to agree on the decision.
- ✓ Was the family engaged and included in the decision-making process?

4. Child Safety Meeting Process

- ✓ Explained all 6 stages of the Child Safety Meeting
- ✓ Generated a list of the family's strengths/supports as well as needs/concerns
- ✓ Acknowledged all participants feelings
- ✓ Attempted to seek and achieve consensus among team members
- ✓ Was the recommendation by the specialist adequate to control for the identified safety threat

- ✓ Developed the safety or placement plan
- ✓ Are safety plans utilized effectively and are external controls sufficient to prevent maltreatment
- ✓ Was the CSM recommendation implemented
- ✓ Completed a written and clear summary report for participants

5. Meeting Observation Debriefing

Practice strengths identified and discussed:

Practice areas for improvement identified and discussed:

6. Follow up Items and Due Date, if applicable.

APPENDIX D: Child Protective Services (CPS) Intentional Case Staffing Guide

Case Name: _____

Referral #: _____

Supervisor: _____

Worker: _____

Practice Note: The intentional case staffing's purpose is to ensure the quality and consistency of practice through supervisory oversight and coaching. The purpose of the case staffing is to assist the specialist in analyzing the information collected in order to determine whether present or impending danger exists. The guide's prompter questions help the specialist identify quality practice while providing feedback to improve engagement, decision making, and safety

PRE-INITIATION CPS STAFFING

Date: _____

- ❖ Can the specialist articulate how the family's child welfare history and criminal history correlate to the current allegations?
- ❖ Can the specialist discuss the current concerns, including those in any subsequent reports received, and how they plan to address those concerns with the family and collaterals?
- ❖ Is the specialist able to articulate the concerns in a way that is easily understood without compromising the identity of the reporter?
- ❖ Can the specialist articulate if LE should be notified of the report? If LE is not warranted at this time, can the specialist identify how this decision may change as the case progresses?
- ❖ Has staff considered appropriate notifications to child care licensing, secondary counties, permanency planning/FCS/resource staff, the tribe, or CPS programs (if applicable)?
- ❖ Discuss barriers to gaining cooperation with the family? What are ways to help avoid or remove the barrier?
- ❖ What bias' does the worker appear to have regarding the family and/or allegations? Discuss ways with the specialist to identify bias and ways to overcome those.

INITIAL CPS STAFFING

Date: _____

- ❖ Can the specialist articulate how history relates to the family's behaviors, patterns and functioning?
- ❖ Was pertinent and thorough information gathered during victim, sibling, PRFC, and collateral interviews both as to the allegations and overall functioning of the family?
- ❖ Discuss inconsistencies found during the information gathering phase, and next steps to follow up on the discrepancies.
- ❖ Can the specialist identify if a safety threat exists and if not, what key pieces of information is still needed in order to make that determination?
- ❖ Discuss how to break barriers of locating victims, PRFCs or collaterals.

- ❖ Can the specialist identify the most appropriate professional and personal collaterals to seek information from regarding the family's functioning and the allegations?
- ❖ Is the specialist able to identify and articulate each child's vulnerability, developmental functioning, medical conditions, and cognition?
- ❖ How was "safe sleep" discussed with the family?
- ❖ Can the specialist describe their observations of the family home and the interactions between family members?
- ❖ Can the specialist articulate critical body observations required for children 12 months and younger AND all children in the home if allegations pertain to physical abuse?
- ❖ Can the specialist describe how each interview contributed to painting a portrait of child, adult and family functioning?
- ❖ Can the specialist discuss how information regarding discipline practices in the home was gathered? Was the impact to the child and PRFC's reasoning and expectations considered when gathering information of how discipline impacts the family's functioning?
- ❖ Can the specialist articulate protective capacities, or diminished capacities, for each PRFC? What examples can the specialist provide that helps to clarify the conclusion regarding the PRFC protective capacity?
- ❖ What behaviors/patterns have been identified that create risk in the home?
- ❖ Can the specialist describe the PRFC's expectations of each child in the home and how those differ if applicable?
- ❖ Can the specialist identify the PRFCs behavioral health and how this impacts the family's dynamics?
- ❖ How did the specialist assess for domestic violence in the home or present in a PRFC relationship?
- ❖ Can the specialist describe current and past substance use by each PRFC? How does this pattern influence safety in the home?
- ❖ Who is identified as the family's support system and how is the support system been utilized in the past?

SPECIALIZED PROTOCOLS

- ❖ If applicable, was the protocol for children with chronic health conditions followed, including the involvement of a child welfare nurse?
- ❖ Is a Plan of Safe Care required (infant diagnosed with withdrawal)? If so, date the Plan of Safe Care was provided to the family: _____
- ❖ If child is a substance exposed newborn and no intervention has been sought, has staff consulted with the DA's Office as required?

- ❖ If an OOH Investigation, is a Resource Alert needed? If so, date email was sent to resource specialist requesting the alert: _____
- ❖ Resolution to LE investigation when applicable.

SAFETY AND INTERVENTION

Date: _____

- ❖ Can the specialist apply the safety threshold to the PRFC's behaviors to determine if a safety threat is present for each child in the home?
- ❖ What information was determined during the CSM?
- ❖ Discuss poor prognosis indicators.
- ❖ Can the specialist identify the appropriate level of intervention based on what was found regarding the allegations and safety decision?

DA REPORT/FINDINGS

Date: _____

- ❖ Does the documentation capture the allegations, functioning, safety and protective capacities?
- ❖ Has the specialist provided adequate evidence in the documentation to support the findings and safety decision?
- ❖ Is the specialist aware the report has to be sent to/staff with the DA's office upon closure?
- ❖ Can the specialist identify if a 60 day look back is required and the necessary steps if applicable?

Notes, or any follow-up items and due dates, if applicable.

Case Name and Referral # _____

Date: _____

Supervisor: _____

Specialist: _____

Observation Type

_____ Specialist/Child Contact

_____ Specialist /Parent Contact

_____ Child Safety Meeting (CSM)

_____ Court

Field observation is a direct observation by the child welfare (CW) specialist's supervisor outside of the office to assess the CW specialist's practice skills. Observation ensures that supervisors are not relying solely on the CW specialist's self-reports or case documentation to understand a CW specialist's ability to engage a family, safety decisions, and practice skills.

1. Specialist/Child Contact Information

- ✓ Was the specialist able to engage with child(ren)?
- ✓ Did the specialist go over all assessment of child safety (AOCS)/safety-related information?
- ✓ Did the specialist gain sufficient information surrounding any special circumstances or the child(ren)'s needs?
- ✓ Did the specialist address the allegations with the child(ren)?
- ✓ Did the specialist interview the child alone?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the child(ren) had?
- ✓ Did the specialist view the child's body with a person responsible for the child (PRFC) or caregiver present, if warranted, due to the age or alleged injury?

2. Specialist/Parent Contact Observation

- ✓ Was the specialist able to engage the PRFC?
- ✓ Did the specialist tell the PRFC the specific allegations?
- ✓ Did the specialist obtain all AOCS/safety-related information from the PRFC?
- ✓ Did the specialist identify the PRFC's support network?
- ✓ Did the specialist assess the PRFC's protective capacities?
- ✓ Did the specialist obtain sufficient information regarding any special circumstances or needs of the child(ren) or the PRFC?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the PRFC had?

3. Child Safety Meeting

- ✓ Was the family engaged and included in the decision-making process?
- ✓ Did the specialist adequately explain the safety concerns to the family?
- ✓ Was the CSM focused on live safety decision making?
- ✓ Was the specialist knowledgeable about all aspects of the current case circumstances and case history, such as provider reports, previous history, and current placement situation?
- ✓ Did the specialist identify the family's support and natural network?
- ✓ Was the recommendation by the specialist adequate to control for the identified safety threat(s)?

4. Court Hearing/Related Activity

- ✓ Was the specialist able to articulate at the bench the current circumstances and behaviors impacting the child's safety?
- ✓ Was the information presented in the emergency custody affidavit consistent with what was presented during the court hearing?
- ✓ Did the specialist present in a professional manner?

5. Field Observation Debriefing

Practice strengths identified and discussed:

Practice areas for improvement identified and discussed:

6. Follow-up Items and Due Date, if applicable.

Case Name: _____

Date: _____

Supervisor Name: _____

Specialist Name: _____

A case staffing is an intentional guided discussion between a supervisor and a child welfare (CW) specialist about a specific case and family. This guide provides prompter questions which focus on specific decisions that the CW specialist must make related to safety assessment, safety threat management, services the family needs to correct the conditions that lead to DHS intervention, and progress the family makes. A case staffing should be completed on all FCS cases at different decision points throughout the life of the case.

**Reason for Case Staffing
(Not All Sections May Apply)**

____ Initial FCS Case Assignment

____ Prior to Case Closure

____ Prior to Family Meeting

____ Other _____

1. Review of Initial and Ongoing Safety Threats Requiring Safety Intervention

- ✓ Describe the safety threats and specific behaviors which caused the child(ren) to be unsafe and required safety intervention.
- ✓ Describe what the parent(s) behaviors looked like and how that made the child(ren) unsafe.
- ✓ How was the safety threshold met?
- ✓ What, if any, is the family's history of involvement with DHS?
- ✓ What underlying causes were identified that contribute to the safety threats?
- ✓ Discuss any poor prognosis indicators.
- ✓ Discuss any changes in safety threats and protective capacities.

2. Review of Safety Plan

- ✓ If out-of-home safety plan exists, is it Indian Child Welfare Act (ICWA) compliant? Explain why or why not.
- ✓ Discuss how the safety plan controls for the safety threats.
- ✓ If an in-home safety plan exists, describe how the person(s) responsible for the child (PRFC)'s protective capacities manages the safety threats.

- ✓ Discuss whether the safety plan continues to adequately manage and control the safety threats.
 - ✓ Discuss any changes in household members at the child(ren)'s current location.
 - ✓ If safety plan is out-of-home, discuss progress towards an in-home safety plan.
-
-
-

3. Review of Visitation with Children and Parents, as well as Contact with Safety Plan Monitors and Providers

- ✓ Are visits occurring as required between child and PRFC(s)?
 - ✓ What is the quality of the visits between the child and PRFC(s)?
 - ✓ Discuss any concerns regarding the visits.
 - ✓ Is documented contact with the safety plan monitor and providers occurring as required? What have the visits/contacts revealed about the family's progress?
 - ✓ Does the documentation in the case accurately reflect what the specialist is stating?
-
-
-

4. Review Case Progress

- ✓ Review the family's current strengths and needs.
 - ✓ What referrals to services were made for the family and are they actively engaged in those services?
 - ✓ Was the Child Behavioral Health Screener completed and necessary referrals made?
 - ✓ Have the specialist detail where he or she believes the family will struggle going forward and how he or she will help the family prepare.
 - ✓ Describe what resources the family will need going forward.
-
-
-

5. What are the identified barriers to achieving safe case closure?

List out any action steps and due dates for the specialist to complete.

Case Name _____

Date: _____

Supervisor: _____

Specialist: _____

Field observation is a direct observation by the child welfare (CW) specialist's supervisor outside of the office to assess the CW specialist's practice skills. Observation ensures that supervisors are not relying solely on CW specialist's self-reports or case documentation to understand a CW specialist's safety decisions and practice skills.

Observation Type

____ Parent/Child Contact

____ Safety Plan Monitor Contact

____ In-Home Contact at end of Out-of-Home (OOH) Safety Plan

____ Family Meeting

1. Parent/Child Contact

- ✓ Was the specialist able to engage the person responsible for the child (PRFC) and child(ren)?
- ✓ Did the specialist speak to the child(ren) alone?
- ✓ Did the specialist ensure the PRFC understands the individualized service plan (ISP) and discuss progress on the ISP?
- ✓ Did the specialist review the safety plan to ensure it is adequately managing the safety threats and the PRFC's compliance with it?
- ✓ Did the specialist discuss case progress with the PRFC, including how the PRFC has demonstrated the desired behavior changes to alleviate the safety threats/enhanced protective capacities?
- ✓ Was the Child Behavioral Health Screener completed and review of the results discussed with the PRFC?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the PRFC or child(ren) had?

2. Safety Plan Monitor Contact

- ✓ Did the specialist review the safety plan to ensure it is adequately managing the safety threats and the monitor's compliance with it?
- ✓ Did the specialist evaluate the home situation and assess the monitor's ability to provide a safe environment for the child(ren)?

- ✓ Did the specialist discuss the PRFC's behaviors and progress or any safety concerns with the monitor?

3. Family Meeting (FM)

- ✓ Was the specialist able to engage all parties present?
- ✓ Did the specialist discuss the child's safety needs?
- ✓ When an out-of-home safety plan is in effect, was a visitation schedule developed?
- ✓ Did the specialist discuss the ISP and any barriers to successful ISP completion?
- ✓ Did the specialist discuss the behavioral changes demonstrated by the PRFC and any remaining safety threats?
- ✓ Did the specialist discuss next steps with the PRFC?
- ✓ For the six-month FM, did the specialist give verbal notice that a deprived petition may be recommended if PRFC behavioral changes that alleviate safety threats were not made?

4. In-Home Contact at End of OOH Safety Plan

- ✓ Did the specialist evaluate the home situation and assess the PRFC's ability to provide a safe environment for the child(ren)?
- ✓ Did the specialist evaluate the child's safety and needs in the home?
- ✓ Did the specialist evaluate whether the PRFC is developing and maintaining a healthy parent-child relationship?
- ✓ Did the specialist speak to the child(ren) alone?
- ✓ Did the specialist discuss the case progress with the PRFC?

5. Debriefing the Field Observation

Practice strengths identified and discussed:

Practice areas for improvement identified and discussed:

6. Follow-Up Items and Due Date, if applicable.

Foster Care and Adoptions Intentional Case Staffing Guide

Case Name: _____

Date: _____

Supervisor: _____

Specialist: _____

Practice Note: The intentional case staffing's purpose is to ensure the quality and consistency of practice through supervisory oversight and coaching. The questions in this guide assist supervisors in identifying the occurrence of quality practice. This tool is a guide to coach specialists in thinking critically about case practice and support assessment of safety and well-being in resource homes and permanency for children.

1. Recruitment Specialist & Resource Family Specialist – Initial Assessment

- * Can the specialist assess an applicant's criminal and child welfare history and articulate why the applicant should continue to be assessed or denied?
- * What, if any, concerns has the family exhibited? What is the plan for follow-up?
- * Has the specialist identified any concerns that would warrant a resource alert?
- * What protective capacities does the family exhibit?
- * Can the specialist identify possible supports for the family?
- * Has the resource family support plan been implemented?
- * Can the specialist articulate why this family is a good match for the child being placed?
- * What biases does the specialist appear to have regarding the family?
- * Can the specialist gauge the family's understanding of expectations regarding foster care and bridging?

2. Recruitment Specialist & Resource Family Specialist – Resource Approval

- * Were any concerns identified in the Resource Family Assessment? If so, what is the plan for follow-up?
- * Has the specialist identified any concerns that would warrant a resource alert?
- * What is the specialist's assessment of the resource parent(s)' current behaviors and protective capacities as it relates to child safety?
- * Can the specialist identify strengths and needs that a potential resource family has?
- * Can the specialist identify possible supports for the family?
- * Can the specialist articulate why this family is a good match for the child being placed?
- * What biases does the specialist appear to have regarding the family?
- * Can the specialist gauge the family's understanding of expectations regarding foster care and bridging?

3. Resource Family Specialist and Resource Family Specialist Non-ID

- * What is the specialist's assessment of the resource parent(s)' current behaviors and protective capacities as it relates to child safety?
- * Can the specialist identify strengths and needs that a potential resource family has?
- * Can the specialist identify possible supports for the family?
- * If the family hasn't taken placement of a child, what are the family's expectations? Are they realistic or unrealistic?
- * What changes, if any, have occurred in the household since the last time the specialist was in the home?
- * Were there any concerns regarding safety in the home at the last quarterly visit?
- * How does the specialist address any identified concerns with the family?
- * Has the specialist identified any concerns that would warrant a resource alert?
- * Can the specialist express how the resource parent is meeting the child's safety and well-being needs?

4. Adoption Specialist

- * Can the specialist identify correct quads and what steps need to occur to move child safely to permanency?
- * Can the specialist identify barriers to authorization, disclosure, or finalization? What is the plan to address these barriers?
- * Does the specialist ensure timely completion of criteria staffing, submission of authorization packets, and disclosures?
- * How well does the specialist work with other specialists to get what is needed to move the case forward?
- * How does the specialist prioritize and manage their work when it comes to specific cases?
- * Can the specialist identify any supports the potential adoptive parent may need to care for the child?

5. Adoption Transition Unit (ATU)

- * Has the specialist met and staffed with the assigned permanency planning (PP) specialist?
- * What is the specialist's communication with PP and other partners?
- * Can the specialist articulate the child's feelings about permanency or unpack the "no"?
- * Did the specialist identify any safety issues during the last visit? If so, how they were addressed?
- * Is the specialist utilizing appropriate tools with the child, such as permanency books?
- * What targeted recruitment efforts has the specialist completed for the child?
- * How is the specialist helping the child maintain connections to kin, culture, and community?
- * If a placement for the child has been identified, are there any barriers to moving forward with trial adoption? If so, what is the plan to address these barriers?
- * What support and services does the child need included on the APPSP?

-
- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appendix I: Foster Care and Adoptions Field Observation Guide

Case Name: _____

Date: _____

Supervisor: _____

Specialist: _____

Observation Type

____ In-Home Assessment

____ Quarterly Visit

____ Adoption Disclosure

____ Annual Update

1. In-Home Assessment

- ✓ Was the specialist able to engage the family?
- ✓ Did the specialist thoroughly discuss the necessary forms and complete related activities?
- ✓ Were concerns/barriers identified or addressed? Was a plan developed for follow-up?
- ✓ Was the specialist able to clearly discuss safety and protective capacities with the family?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the resource parent(s) had?

2. Adoption Disclosure

- ✓ Was the specialist prepared by inviting required participants and presenting the adoption disclosure packet to the family?
- ✓ Did the specialist professionally communicate the needs and strengths of the child(ren)?
- ✓ Did the specialist discuss available services and supports with the family, if applicable?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the resource parent(s) had?

3. Quarterly Visit

- ✓ Was the specialist able to engage the family and, if applicable, child(ren)?
- ✓ Was it evident the specialist spoke to the assigned Permanency Planning specialist(s) prior to the home visit?

- ✓ Did the specialist utilize the Guide for Monthly Resource Home Contact and immediately address any identified safety concerns with the family?
- ✓ Was the specialist able to adequately answer and address any questions/concerns the resource parent(s) had?

4. Annual Update

- ✓ Is the specialist able to engage the child(ren) and resource parent(s)/placement provider in conversations about safety, permanency, and well-being?
- ✓ Was the specialist able to gather the needed information to assess how the child(ren) is functioning in the current placement?
- ✓ Does the specialist have any concerns with the child(ren)'s placement? If so, was the specialist able to effectively discuss them with the resource parent(s)/placement provider?
- ✓ Was the specialist able to engage the child(ren) in discussions about relationships with and feelings about other adults and children living in the home?
- ✓ Did the specialist see the child alone and discuss how the child feels safe in the placement?

5. Debriefing the Field Observation

Practice strengths identified and discussed:

Practice areas for improvement identified and discussed:

6. Follow -up Items and Due Dates, if applicable

Appendix J: Permanency Planning (PP) Intentional Case Staffing Guide

Case Name: _____

Date: _____

Supervisor: _____

Specialist: _____

Practice Note: The intentional case staffing's purpose is to ensure the quality and consistency of practice through supervisory oversight and coaching. The questions in this guide assist supervisors in identifying the occurrence of quality practice. This tool is a guide to coach specialists in thinking critically about case practice and support positive safety, permanency, and well-being outcomes.

1. Review of Child's Safety and Wellbeing in Current Placement

- ✓ How is the child functioning in his or her placement?
- ✓ Can the specialist describe how he or she observes the non-verbal child for signs of being unsafe?
- ✓ Can the specialist describe how he or she interacts alone with the verbal child each month and initiates conversation about the child's safety?
- ✓ How does the specialist describe the placement provider's relationship and interactions with the foster child?
- ✓ Is the child placed with kinship? If applicable, is the placement Indian Child Welfare Act (ICWA) compliant? If not, what ongoing efforts are being made to place with kin or in an ICWA-compliant placement?
- ✓ Was a diligent search completed and letters sent to the identified relatives as stated in policy?
- ✓ Are there siblings and if so, are they placed together? If not, is the quality and consistency of visitation meeting the children's needs?
- ✓ Is there any reason to believe that this placement may not be able to continue to meet this child's needs? If so, what is being done to support the child and placement provider?
- ✓ What services is the child receiving, such as physical health, counseling, Individualized Education Program (IEP), developmental disability (DD) services, or tutoring?
- ✓ Are the services currently in place meeting all the identified needs?
- ✓ Does the specialist have any concerns with the child's placement?

2. Review Visitation between the Child and Parent(s)

- ✓ What is the frequency and duration of the parent/child visits? Does the specialist believe it is sufficient to meet the child's needs to remain connected and bonded to his or her parent(s)?
- ✓ Does the location support the family's needs and the case plan goal, such as visitation in the parent's home when the case plan goal is reunification?
- ✓ What is the specialist's observation of the quality of parent/child interaction?

- ✓ How does the person responsible for the child (PRFC) display protective capacities during visits?
- ✓ Has the specialist observed any unsafe behavior during the visits?
- ✓ What contact, outside of visitation, is occurring between the parent/child, such as phone, email, or social media?
- ✓ Can the specialist describe what safety condition needs to occur to increase visitation frequency and duration? If visits are currently supervised, what safety condition needs to occur to move to unsupervised visitation?

3. Review of Specialists Contact with PRFC(s) Case Assessment and Progress

- ✓ How does the specialist describe the family's involvement in case planning?
- ✓ Can the specialist give specific examples of how he or she made efforts to improve family involvement?
- ✓ Based on the underlying causes, what services has the parent(s) been referred to?
- ✓ Can the specialist describe how the individualized service plan (ISP) is behaviorally based? How is it addressing the safety threats?
- ✓ What services are the parent(s) engaged in? Can the specialist relay what the parent(s)' service providers report as barriers to child safety?
- ✓ Can the parent(s) articulate what he or she thinks has changed in his or her behaviors and the family home since the child was removed?
- ✓ Does the specialist have contact with the parent(s)/PRFC(s) in the home at least once a month? If not, discuss the barriers to monthly contact and relate back to continually assessing a parent's progress and safety. An ongoing assessment of child safety requires monthly contact with the PRFC(s).
- ✓ What is the specialist's assessment of the PRFC(s)' current behaviors and protective capacities? How is he or she gathering information from ongoing collaterals - service providers, friends, family, and foster parents; the child(ren); and the PRFC(s) to make this assessment?
- ✓ Is the current permanency goal appropriate for the case circumstances? If not, have a discussion around changing the goal.

Practice Note: Potential reasons for changing case plan goal.

- **The case plan goal is reunification, but the child has been in out-of-home care for more than 12 months.**
- **90-calendar days since adjudication and the parent(s) is making minimal behavioral changes.**

4. Review of Assessment of Ongoing Child Safety

- ✓ Can the specialist describe the safety threats and specific behaviors that caused the child to be unsafe and required initial safety intervention?

- ✓ Can the specialist describe what the parent(s) behaviors looked like and how that made the child unsafe?
- ✓ What specific behaviors occurred to cause the safety threat to meet the safety threshold?
- ✓ What, if any, is the family's history of involvement with the Oklahoma Department of Human Services? How has this impacted the current case progress?
- ✓ What underlying causes were identified that contribute to the safety threats?
- ✓ Can the specialist compare, contrast, and discuss the original safety threats to the current safety threats.
- ✓ What steps has the specialist taken to support the family in understanding the safety threats and conditions that need to occur to reunify?
- ✓ Does the specialist believe the PRFC(s) understands what led to the child being unsafe? If not, discuss with the specialist what can be done to help the PRFC(s) understand. If a PRFC does not understand why there was a safety intervention, he or she will struggle with understanding what his or her role is in correcting it.

5. Do any of these safety threats currently apply to the family's circumstances?

- ☐ Living arrangements seriously endanger a child's physical health.
 - ☐ PRFC(s) in the home lack the knowledge, skills, motivation, or abilities to perform parental duties and responsibilities.
 - ☐ PRFC(s) intend(ed) to hurt the child.
 - ☐ PRFC(s) does not have resources to meet basic needs.
 - ☐ Child has exceptional needs which the PRFC(s) cannot or will not meet.
 - ☐ Child is extremely fearful of the home situation.
 - ☐ PRFC(s) is violent and/or is unwilling or unable to control the violence.
 - ☐ PRFC(s) cannot or will not control behavior.
 - ☐ PRFC(s) has extremely unrealistic expectations or extremely negative perception of the child.
- ✓ If yes, how does the threat meet the safety threshold of: specific; severe; observable; occurring now or likely to occur within the next few days; out-of-control; and applicable to a vulnerable child?
 - ✓ What do ongoing collaterals, service providers, original collaterals, and family members, report the PRFC's current functioning and protective capacities to be? If the case is more than six months old and an active safety threats still exists, discuss with the specialist concurrent planning and the steps needed to ensure safe and timely permanency.

Supervisory Feedback: The supervisor verbally coaches the specialist and provides feedback to identify barriers to achieving timely permanency for this case. Based on the information gathered during the intentional case staffing, discuss with the specialist how his or her practice on this case contributed to safety in the placement, timely permanency, the placement's stability, and the well-being of the child(ren) while in out-of-home care. The supervisor discusses both what was done well and what could have been done differently to improve practice.

-
- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appendix K: Permanency Planning (PP) Field Observation Guide

Case Name: _____

Date: _____

Supervisor: _____

Specialist: _____

Observation Type

____ Monthly Parent Specialist Contact

____ Family Meeting (CSM/FM)

____ Court Hearing/Related Activity

____ Monthly Contact with Child(ren)

____ Other _____

1. Specialist/Parent Contact Observation

- a. Was the specialist able to engage the parent/person responsible for the child (PRFC)?
- b. Did the specialist go over the individualized service plan (ISP) and discuss progress and changes in behavior?
- c. Did the specialist adequately address the issues/barriers preventing the child from returning home?
- d. Was the specialist able to clearly discuss safety with the family?
- e. Was the specialist able to adequately answer and address any questions/concerns the PRFC(s) had?
- f. Did the specialist discuss the importance of timely permanency and address the 12 months to permanency goal?
- g. Did the specialist display any bias in his or her interactions with the parent/PRFC?

2. Court Hearing/Related Activity Observation

- a. Was the specialist able to articulate at the bench the current circumstances and behaviors impacting the child's safety?
- b. Was the information presented in the court report consistent with what was discussed during the court hearing?
- c. Was the specialist able to advocate for the recommendations made in the court report?
- d. Did the specialist present in a professional manner?
- e. Did the specialist request the appropriate court findings?

3. Family Meeting Observation

- a. Did the specialist engage and include the family in the decision-making process?
- b. Was the specialist respectful of all participants?
- c. Did the specialist include the child in the family meeting?
- d. Was the FM focused on child safety, family functioning, and permanency?

- e. Were all options for timely permanency explored and discussed with the family?
- f. Was the specialist knowledgeable about all aspects of the current case circumstances and case history, such as provider reports, previous history, or current placement situation?
- g. Did the specialist display any bias during the family meeting?

4. Monthly Contact with Child Observation

- a. Was the specialist able to engage the child and placement provider in conversations about safety, permanency, and well-being?
- b. Was the specialist able to gather the needed information to assess how the child(ren) is functioning in out-of-home placement?
- c. Does the specialist have any concerns with the child(ren)'s placement? If so, was the specialist able to effectively discuss them with the placement provider?
- d. Was the specialist able to engage the child(ren) in discussion about their relationships and feelings with other adults and children living in the home?
- e. Did the specialist see the child alone and discuss how the child feels safe in their placement?
- f. Did the specialist complete the child behavioral health screener during the visit?

5. Debriefing of the Field Observation

Supervisory Feedback: In this section, the supervisor coaches the specialist and provides feedback to identify practice strengths and areas needing improvement. Based on the information gathered during the field observation, discuss with the specialist how his or her performance contributed to safety in the placement, timely court outcomes, the placement's stability, and the child's well-being while in out-of-home care. The supervisor discusses both what was done well and what could have been done differently to improve practice. Document below any action steps and due dates for the specialist to complete to achieve safe and timely permanency. Document any coaching notes.

Practice strengths identified and discussed

Practice areas for improvement identified and discussed

6. Follow -up Items and Due Dates, if applicable

Appendix L: Child Welfare (CW) Specialist Monthly Conference Guide

The CW specialist conference allows the supervisor to reflect with the specialist about his or her ability to assess safety and overall decision-making processes, explore biases, if present, and address any situations revealed during case staffings. This opportunity allows the supervisor to discuss with the CW specialist his or her performance strengths and needs and personal well-being related to secondary trauma and self-care.

Specialist: _____

Date: _____

Supervisor: _____

1. Casework Performance

- ✓ Discuss the CW specialist's **safety** decision-making skills across his or her caseload. Is **safety** decision making consistent? Are there any practice trends?
- ✓ Discuss with the CW specialist how to include a family in all aspects of the case through quality engagement.
- ✓ Discuss with the CW specialist his or her ability to engage in courageous conversations both with clients and internally with peers.
- ✓ Can the CW specialist demonstrate and articulate a clear understanding of **safety**?
- ✓ Discuss with the CW specialist identifying **protective capacities**.
- ✓ Is the CW specialist able to document his or her work in a timely manner? If not, discuss ideas on how to improve.
- ✓ Discuss documentation quality. Does it adequately capture **safety** threats, case progression, and **protective capacities**?
- ✓ Does the CW specialist feel that he or she has the ability to critically think to find solutions? Discuss with the CW specialist the supervisor's observations of critical thinking.
- ✓ Can the CW specialist identify strengths for the families he or she serves? If so, how does the specialist expand on those? If not, what are the barriers to identifying strengths?
- ✓ Does the CW specialist demonstrate overall adherence to specific requirements for cases?
- ✓ If a field observation was completed for the CW specialist, does the CW specialist's case documentation accurately reflect what the supervisor observed?

2. General Professionalism

- ✓ Were there any behaviors exhibited by the CW specialist across his or her cases that were discovered through case staffings?

- ✓ Discuss any biases noted by the supervisor or the CW specialist.
 - ✓ Discuss the CW specialist's relationships with community partners, such as service providers, judges, district attorney (DA), and assistant DA. Does the CW specialist feel there is anything he or she could do to improve those relationships?
 - ✓ How is the CW specialist's overall customer service? Was the supervisor contacted by clients, court representatives, or providers with service complaints? If so, what is the plan to improve?
 - ✓ Discuss the CW specialist's teamwork, both within and outside of Child Welfare Services (CWS).
 - ✓ Does the CW specialist conduct his or her job duties in a professional manner, while at the office or during other interactions in the field?
-
-
-
-

3. Administrative/Technical Items

- ✓ Discuss any issues regarding his or her work hours or leave usage.
 - ✓ Is the CW specialist able to navigate through the KIDS system, including family searches and accessing policy online?
 - ✓ Discuss with the CW specialist how to use data dashboards and basic reports.
 - ✓ Discuss timeliness of court reports, individualized service plans, concurrent planning, and other case planning activities.
-
-
-
-

4. Professional Development

- ✓ Discuss with the CW specialist their overall strengths. What does the CW specialist identify as his or her strengths?
- ✓ Explore with the CW specialist his or her overall areas for development and improvement.
- ✓ Inquire about the CW specialist's needs regarding personal self-care, secondary trauma, and job satisfaction.
- ✓ Identify any barriers or challenges the CW specialist may be experiencing that are interfering with completing his or her work and required job duties.
- ✓ Ensure the CW specialist is up to date on training and assess his or her training needs.
- ✓ Explore together any trends regarding the CW specialist's performance that are revealed in Web Focus reports. How can the CW specialist and supervisor use the data to enhance the CW specialist's professional development?

- ✓ Does the CW specialist need anything from the supervisor to further support his or her work?

5. Other Performance Areas Discussed, if applicable

6. Follow-up Items and Due Date, if applicable
